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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

B 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	Identify Yourself					
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):		
1.	Your full name					
	Write the name that is on	Dennis		Nieves		
	your government-issued picture identification (for	First name		First name		
	example, your driver's	W.		В.		
	license or passport).	Middle name		Middle name		
	Bring your picture identification to your	Walston		Walston		
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)		Last name and Suffix (Sr., Jr., II, III)		
2.	All other names you have used in the last 8 years	•				
	Include your married or maiden names.					
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-4152		xxx-xx-0130		
	(11114)					

B 101 (Official Form 101)

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Debtor 1 Dennis W. Walston
Debtor 2 Nieves B. Walston

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	■ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EINs	EINs		
5.	Where you live	3532 Spring Wheat Drive	If Debtor 2 lives at a different address:		
		Rockford, IL 61114 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Winnebago			
		County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this	Check one: Over the last 180 days before filing this petition, I		
		petition, I have lived in this district longer than in any other district.	have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

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	otor 1 otor 2	Dennis W. Walsto Nieves B. Walston			Docui		Case number (if known)	
Par	t 2:	Tell the Court About	Your Ban	kruptcy C	ase			
7.	Bank	chapter of the cruptcy Code you are				of each, see <i>Notice Required by</i> page 1 and check the appropriate	11 U.S.C. § 342(b) for Individuals Filing te box.	g for Bankruptcy
	cnoo	noosing to file under	■ Cha	pter 7				
			☐ Cha _l	oter 11				
			☐ Cha _l	oter 12				
			☐ Cha _l	oter 13				
8.	How	you will pay the fee	at or a	oout how your der. If your pre-printed	ou may pay. Typi attorney is subn l address.	ically, if you are paying the fee you	ck with the clerk's office in your local co ourself, you may pay with cash, cashier alf, your attorney may pay with a credit on, sign and attach the <i>Application for</i>	's check, or money card or check with
						s (Official Form 103A).	on, sign and attach the Application for	maividuals to I ay
			bı th	ut is not red at applies t	quired to, waive y to your family siz	our fee, and may do so only if you e and you are unable to pay the	on only if you are filing for Chapter 7. By our income is less than 150% of the offi fee in installments). If you choose this (Official Form 103B) and file it with your	icial poverty line option, you must fill
9.	Have	Have you filed for						
		ankruptcy within the st 8 years?	☐ Yes.					
				District		When	Case number	
				District		When	Case number	
				District		When	Case number	
10.		ny bankruptcy	■ No					
	filed not fi you,	s pending or being by a spouse who is ling this case with or by a business ter, or by an ate?	☐ Yes.					
				Debtor			Relationship to you	
				District		When	Case number, if known	
				Debtor			Relationship to you	
				District		When	Case number, if known	
11.		ou rent your	□ No.	Go to	line 12.			
	resid	ence?	Yes.	Has y	our landlord obta	ined an eviction judgment agains	st you and do you want to stay in your r	esidence?
					No. Go to line 1	12.		
					Yes. Fill out <i>Ini</i> bankruptcy peti		Judgment Against You (Form 101A) ar	nd file it with this

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Der	otor 2 Nieves B. Walstor	1			Case number (if known)		
Par	t 3: Report About Any Bu	sinesses	You Own	as a Sole Proprie	tor		
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.			
		☐ Yes.	Yes. Name and location of business				
	A sole proprietorship is a						
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			of business, if any			
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Sta	te & ZIP Code		
	it to this petition.		Check	k the appropriate bo	ox to describe your business:		
				Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))		
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))		
				Stockbroker (as d	efined in 11 U.S.C. § 101(53A))		
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))		
				None of the above	e		
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).					
	For a definition of small	■ No.	I am r	not filing under Chap	oter 11.		
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code.		11, but I am NOT a small business debtor according to the definition in the Bankruptcy		
		☐ Yes.	I am f	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.		
Par	t 4: Report if You Own or	Have Any	/ Hazardo	ous Property or An	y Property That Needs Immediate Attention		
14.	Do you own or have any property that poses or is	■ No.					
	alleged to pose a threat of imminent and	☐ Yes.	What is	the hazard?			
	identifiable hazard to public health or safety? Or do you own any						
	property that needs immediate attention?			diate attention is why is it needed?			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?			
	· ,				Number, Street, City, State & Zip Code		

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Debtor 1 **Dennis W. Walston** Debtor 2 Nieves B. Walston Case number (if known)

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15

I am not required to receive a briefing about credit counseling because of:

I have a mental illness or a Incapacity. mental deficiency that makes me incapable of realizing or

> making rational decisions about finances.

My physical disability causes Disability. П

> me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

I am currently on active Active duty. military duty in a military

combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of

I have a mental illness or a mental Incapacity.

> deficiency that makes me incapable of realizing or making rational decisions about finances.

My physical disability causes me to Disability.

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty

in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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	otor 1 Dennis Wotor 2 Nieves B.			Documen	n rage o c	Case number	er (if known)			
Part	t 6: Answer The	se Questi	ons for Re	eporting Purposes						
	What kind of del		16a.	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."						
				□ No. Go to line 16b.						
			16b.	■ Yes. Go to line 17. Are your debts primarily bus money for a business or investigation.						
				☐ No. Go to line 16c.						
				☐ Yes. Go to line 17.						
			16c.	State the type of debts you ow	ve that are not consu	ımer debts or busine	ess debts			
17.	Are you filing un Chapter 7?	der	□ No.	I am not filing under Chapter 7	7. Go to line 18.					
	Do you estimate after any exempt property is exclu	t ided and	■ Yes.	I am filing under Chapter 7. Do expenses are paid that funds we have the company of the company			perty is excluded and administrative d creditors?			
	administrative eare paid that fun			No						
	be available for distribution to u creditors?			☐ Yes						
18.	How many Creditors do you estimate that you		■ 1-49		□ 1,000-5,000 □ 5001-10,00		☐ 25,001-50,000 ☐ 50,001-100,000			
	owe?		☐ 50-99 ☐ 100-19 ☐ 200-99		☐ 10,001-25,0		☐ More than100,000			
19.	How much do yo estimate your as be worth?		□ \$100,0	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$50,000,00	- \$10 million 1 - \$50 million 1 - \$100 million 01 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
20.	How much do yo estimate your lia to be?		□ \$100,0	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$50,000,00	- \$10 million 1 - \$50 million 1 - \$100 million 01 - \$500 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion			
Part	t7: Sign Below									
For	you		I have ex	amined this petition, and I deck	are under penalty of	perjury that the infor	mation provided is true and correct.			
							e, under Chapter 7, 11,12, or 13 of title 11, hoose to proceed under Chapter 7.			
				ney represents me and I did no t, I have obtained and read the			ot an attorney to help me fill out this			
			I request	relief in accordance with the ch	napter of title 11, Uni	ted States Code, spe	ecified in this petition.			
				cy case can result in fines up to			or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341,			
				nis W. Walston W. Walston		/s/ Nieves B. Walst				
			-	of Debtor 1		Signature of Debto				
			Executed	on <u>February 11, 2016</u> MM / DD / YYYY		Executed on MM	bruary 11, 2016 1 / DD / YYYY			

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	Dennis W. Walston Nieves B. Walston	Document	Case number (if known)	
202.01 2	Micros D. Walstoll			

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Daniel	A. Springer	Date	February 11, 2016
Signature of	Attorney for Debtor		MM / DD / YYYY
Daniel A.	Springer		
Printed name			
Springer L	₋aw Firm		
Firm name			
2222 E Sta	ate St		
Suite 107			
Rockford,	IL 61104		
Number, Street,	City, State & ZIP Code		
Contact phone	815.312.4725	Email address	dspringerlaw@gmail.com
6314059			
Bar number & S	tate		

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			<u> </u>	
Fill in this infor	mation to identify your	case:		
Debtor 1	Dennis W. Walsto	on		
	First Name	Middle Name	Last Name	
Debtor 2	Nieves B. Walsto	n		
Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
if known)				☐ Check if this is amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

rai	t 1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	14,913.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	14,913.00
Par	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	27,466.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	41,009.88
	Your total liabilities	\$	68,475.88
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	4,053.66
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,028.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with yo	ur other so	chedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal	, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

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		Document	Page 9 of 64	
	Dennis W. Walston		9	
Debtor 2	Nieves B. Walston		Case number (if known)	

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total cl	aim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Case 16-80298 Doc 1 Filed 02/11/16 Entered 02/11/16 13:49:21 Desc Main Document Page 10 of 64 Fill in this information to identify your case and this filing: Debtor 1 **Dennis W. Walston** Middle Name First Name Last Name Debtor 2 Nieves B. Walston (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □ No Yes Do not deduct secured claims or exemptions. Put Cadillac Make: Who has an interest in the property? Check one. the amount of any secured claims on Schedule D: CTS ☐ Debtor 1 only Creditors Who Have Claims Secured by Property. 2009 Debtor 2 only Year: Current value of the Current value of the 52,000 ■ Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: Other information: ☐ At least one of the debtors and another \$13.225.00 \$13,225,00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$13,225.00 .pages you have attached for Part 2. Write that number here......>>

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

Official Form 106A/B Schedule A/B: Property

Entered 02/11/16 13:49:21 Case 16-80298 Doc 1 Filed 02/11/16 Desc Main Document Page 11 of 64 Debtor 1 **Dennis W. Walston** Debtor 2 Nieves B. Walston Case number (if known) ■ Yes. Describe..... \$200.00 **Household Goods** Living Room Furniture Set, 2 Queen Beds, 3 Dressers, Dining \$650.00 Table & Chairs, Kitchen Utensils & Accessories 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No ■ Yes. Describe..... \$400.00 Ιτν 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... **Used Clothing** \$200.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ■ No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses

■ No

☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

■ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$1,450.00

Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own? Do not deduct secured claims or exemptions.

Page 12 of 64 Document Debtor 1 **Dennis W. Walston** Debtor 2 Nieves B. Walston Case number (if known) 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... 17.1. Checking **Chase Bank** \$228.00 **Chase Bank** \$10.00 17.2. Savings 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Nο Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No

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Official Form 106A/B Schedule A/B: Property

☐ Yes. Give specific information about them...

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page 3

_		B	Document	Page 13 of 64		
	ebtor 1 ebtor 2	Dennis W. Walston Nieves B. Walston		C:	ase number (if known)	
26.			ade secrets, and other intellect vebsites, proceeds from royalties		ts	
	■ No □ Yes.	Give specific information abo	ut them			
	Example ■ No	es, franchises, and other ge les: Building permits, exclusiv Give specific information abo	e licenses, cooperative association	on holdings, liquor licens	es, professional licen	ses
		property owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
	Tax refu □ No	unds owed to you				Statute of
		Give specific information abou	ut them, including whether you alr	eady filed the returns an	d the tax years	
			Potential 2015 Tax Refu \$1,593.00)	ınd (2014 Refund:	Federal	Unknown
			Potential 2015 Tax Refu \$0)	ind (2014 Refund:	State	Unknown
	■ No □ Yes.	benefits; unpaid loans yo Give specific information s in insurance policies	nsurance payments, disability be			
	□ No		of each policy and list its value.			
	— 165.1		ny name:	Beneficiary	/ :	Surrender or refund value:
		Currer	nt Employer	Nieves W	/alston	\$0.00
33.	If you a someon No Ves. Claims Example No	are the beneficiary of a living the has died. Give specific information against third parties, wheth	you from someone who has di rust, expect proceeds from a life i ner or not you have filed a laws isputes, insurance claims, or righ	nsurance policy, or are o		ceive property because
	Other c		claims of every nature, includi		e debtor and rights t	to set off claims
	Other c		claims of every nature, includi	ng counterclaims of the	e debtor and rights t	to set off claims Unknown

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		Case 16-80298	Doc 1	Filed 02/11/16 Document	Entered 0: Page 14 of	2/11/16 13:49:21 64	Desc Main
Debt Debt		Dennis W. Walston Nieves B. Walston				Case number (if known)	
35. A	ny fin	ancial assets you did no	ot already list				
	No						
	l Yes.	Give specific information					
36.		ne dollar value of all of y					\$238.00
D (15				
Part 5		scribe Any Business-Related			<u> </u>	e in Part 1.	
_	-	wn or have any legal or equ	itable interest ir	n any business-related pro	pperty?		
	No. Go	to Part 6.					
	Yes. G	o to line 38.					
Part 6		scribe Any Farm- and Commou own or have an interest in t			or Have an Interest	in.	
	-	own or have any legal	or equitable ir	nterest in any farm- or	commercial fishi	ng-related property?	
	No.	Go to Part 7.					
	☐ Yes.	Go to line 47.					
							Current value of the
							portion you own? Do not deduct secured claims or exemptions.
Part 7	7: Des	scribe All Property You Own	or Have an Inte	erest in That You Did Not I	ist Above		
	Examp	have other property of les: Season tickets, coun					
	No						
	l Yes.	Give specific information.					
54.	Add tl	ne dollar value of all of	your entries fr	om Part 7. Write that i	number here		\$0.00
Part 8	B: List	the Totals of Each Part of t	this Form				
55.	Part 1	: Total real estate, line 2	2				\$0.00
		: Total vehicles, line 5			\$13,225.00		
57.	Part 3	: Total personal and ho	usehold items	s, line 15	\$1,450.00		
58.	Part 4	: Total financial assets,	line 36	_	\$238.00		
59.	Part 5	: Total business-related	I property, line	e 45	\$0.00		
60.	Part 6	: Total farm- and fishing	g-related prop	erty, line 52	\$0.00		
61.	Part 7	: Total other property n	ot listed, line	54 +	\$0.00		
62.	Total	personal property. Add	lines 56 throug	h 61	\$14,913.00	Copy personal property t	otal \$14,913.00
63.	Total	of all property on Sched	dule A/B. Add I	line 55 + line 62			\$14,913.00

Official Form 106A/B Schedule A/B: Property page 5

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		DUGUITE	III FAUE 13 UI 04	
Fill in this infor	mation to identify your	case:		
Debtor 1	Dennis W. Walsto	on		
	First Name	Middle Name	Last Name	
Debtor 2	Nieves B. Walsto	n		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this is a
				amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify	y the Pro	perty You	Claim a	as Exem	pt
---------	----------	-----------	-----------	---------	---------	----

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Specific laws that allow exemption Check only one box for each exemption.
2009 Cadillac CTS 52,000 miles Line from <i>Schedule A/B</i> : 3.1	\$13,225.00	\$4,800.00 735 ILCS 5/12-1001(c) 100% of fair market value, up to any applicable statutory limit
Living Room Furniture Set, 2 Queen Beds, 3 Dressers, Dining Table & Chairs, Kitchen Utensils & Accessories Line from Schedule A/B: 6.2	\$650.00	\$650.00 735 ILCS 5/12-1001(b) 100% of fair market value, up to any applicable statutory limit
TV Line from Schedule A/B: 7.1	\$400.00	\$400.00 735 ILCS 5/12-1001(b) 100% of fair market value, up to any applicable statutory limit
Used Clothing Line from Schedule A/B: 11.1	\$200.00	\$200.00 735 ILCS 5/12-1001(a) 100% of fair market value, up to any applicable statutory limit
Checking: Chase Bank Line from Schedule A/B: 17.1	\$228.00	\$228.00 735 ILCS 5/12-1001(b) 100% of fair market value, up to any applicable statutory limit

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Dennis W. Walston

Nieves B. Walston Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Savings: Chase Bank 735 ILCS 5/12-1001(b) \$10.00 \$10.00 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit Federal: Potential 2015 Tax Refund 735 ILCS 5/12-1001(b) Unknown \$2,000.00 (2014 Refund: \$1,593.00) Line from Schedule A/B: 28.1 100% of fair market value, up to any applicable statutory limit State: Potential 2015 Tax Refund 735 ILCS 5/12-1001(b) Unknown \$500.00 (2014 Refund: \$0) Line from Schedule A/B: 28.2 100% of fair market value, up to any applicable statutory limit **Current Employer** 735 ILCS 5/12-1001(h)(3) \$0.00 100% **Beneficiary: Nieves Walston** Line from Schedule A/B: 31.1 100% of fair market value, up to any applicable statutory limit **Potential Social Security Disability** 305 ILCS 5/11-3 Unknown \$1.00 claim Line from Schedule A/B: 34.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$155,675? (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No

Yes

Debtor 1

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		Document	Page 17	01 b4		
Fill in this information	on to identify you	r case:				
Debtor 1 D	ennis W. Walst	on				
	rst Name	Middle Name	Last Name			
	ieves B. Walsto	-				
(Spouse if, filing) Fir	rst Name	Middle Name	Last Name			
United States Bankrup	otcy Court for the:	NORTHERN DISTRICT OF ILL	INOIS			
Case number					☐ Check	if this is an
()					_	led filing
						.oug
Official Form 10	06D					
Schedule D:	Creditors	Who Have Claims S	Secured	by Property	v	12/15
Corredate B.	<u> </u>	Wile Have Glaims	5000100	by 1 Topolt	y	12/10
		two married people are filing together				
needed, copy the Additio known).	mai Page, mi it out,	number the entries, and attach it to thi	is form. On the	top of any additional p	ages, write your name a	id case number (if
1. Do any creditors have	claims secured by	your property?				
☐ No. Check this	box and submit th	nis form to the court with your other	schedules. Yo	ou have nothing else	to report on this form.	
■ Yes. Fill in all o	of the information h	nelow		ŭ	•	
		Sciow.				
	cured Claims			Column A	Column B	Column C
		ore than one secured claim, list the credit articular claim, list the other creditors in P		Amount of claim	Value of collateral	Unsecured
		er according to the creditor's name.		Do not deduct the	that supports this	portion
2.1 Ally Financial		Describe the property that secures th	e claim:	value of collateral. \$23,292.00	claim \$13,225.00	If any \$10,067.00
Creditor's Name		2009 Cadillac CTS 52,000 mi		Ψ20,202.00	Ψ10,220.00	Ψ10,001.00
Attn: Bankrup	tcv Dept.	2000 Guamao G10 02,000 iiii				
PO Box 38090		A - f th - d-t file th l-i i O				
Minneapolis, I	MN	As of the date you file, the claim is: C apply.	neck all that			
55438-0901		☐ Contingent				
Number, Street, City, S	State & Zip Code	☐ Unliquidated				
MI (1 1 1 0 0	a	Disputed				
Who owes the debt?	Sheck one.	Nature of lien. Check all that apply.				
Debtor 1 only		An agreement you made (such as m	ortgage or secu	red		
☐ Debtor 2 only		car loan) Statutory lien (such as tax lien, mech	agniola liga)			
Debtor 1 and Debtor 2	,	_ ' '	ianics nem			
☐ At least one of the deb☐ Check if this claim re		☐ Judgment lien from a lawsuit☐ Other (including a right to offset)				
community debt	elates to a	Other (including a right to onset)				
	=/00.40					
Date debt was incurred	7/2012	Last 4 digits of account number	er 			
				04.474.00	40.550.00	****
2.2 Heights Finan Creditor's Name	ice Corp.	Describe the property that secures th	ie ciaim:	\$4,174.00	\$3,550.00	\$624.00
Creditor's Name		1998 Isuzu Trooper				
		2002 GMC Trailblazer				
PO Box 9520	'	As of the date you file, the claim is: C	heck all that			
Peoria, IL 616	12	apply. Contingent				
Number, Street, City, S		☐ Unliquidated				
, , ,	·	☐ Disputed				
Who owes the debt?	Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		☐ An agreement you made (such as m	ortgage or secu	red		
Debtor 2 only		car loan)				
Debtor 1 and Debtor 2	2 only	☐ Statutory lien (such as tax lien, mech	nanic's lien)			
☐ At least one of the deb	otors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim re	elates to a	Other (including a right to offset)				
community debt						
Date debt was incurred		Last 4 digits of account number	er			

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Debtor 1	Dennis W. Walst	on		Case number (if know)	
	First Name	Middle Name	Last Name		
Debtor 2	Nieves B. Walsto	on			
	First Name	Middle Name	Last Name		
A -l -l 4l	dellar valva af vava ant	mina in Calaman A an dria na	NA/-ita that are hard	¢27.466.00	
	•	ries in Column A on this pa	•	\$27,466.00	
	the last page of your fo it number here:	orm, add the dollar value tota	als from all pages.	\$27,466.00	
Part 2:	List Others to Be No	otified for a Debt That Yo	ou Already Listed		
to collect f creditor fo	rom you for a debt you	owe to someone else, list the a	he creditor in Part 1, and then	you already listed in Part 1. For example, if a collection agency is trying n list the collection agency here. Similarly, if you have more than one nu do not have additional persons to be notified for any debts in Part 1,	
Na	me Address				
-N0	ONE-		On which	n line in Part 1 did you enter the creditor?	
			Last 4 dig	gits of account number	

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Document Page 19 of 64 Fill in this information to identify your case: Debtor 1 **Dennis W. Walston** Middle Name Last Name First Name Debtor 2 Nieves B. Walston (Spouse if, filing) Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☐ Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2 Total claim 4.1 250.00 AT&T Last 4 digits of account number Nonpriority Creditor's Name PO Box 6416 When was the debt incurred? Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Utilities** Other. Specify

4.2 **Baer Chiropractic**

Nonpriority Creditor's Name

2585 North Mulford Road Rockford, IL 61114

Number Street City State Zlp Code

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Official Form 106 F/F

686.00

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Debtor Debtor	1 Dennis W. Walston 2 Nieves B. Walston	Boodment	Case number (if know)		
	Who incurred the debt? Check one.	☐ Contingent			
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORI	ΓY unsecured claim:		
	☐ Check if this claim is for a community debt	☐ Student loans			
	Is the claim subject to offset?	Obligations arising	out of a separation agreement or divorce that you did		
	No		or profit-sharing plans, and other similar debts		
	Yes	Other. Specify	Medical Bills		
4.3	Barclay's Bank Delaware	Last 4 digits of accor	unt number	\$	639.00
	Nonpriority Creditor's Name			·	
	Attn: Bankruptcy Dept. PO Box 8803	When was the debt in	ncurred?		
	Wilmington, DE 19899 Number Street City State Zlp Code	As of the date you fil	e, the claim is: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent			
	■ Debtor 1 only				
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORI	ΓY unsecured claim:		
	☐ Check if this claim is for a community debt	☐ Student loans			
	Is the claim subject to offset?	Obligations arising not report as priority of	out of a separation agreement or divorce that you did aims		
	■ No	☐ Debts to pension of	or profit-sharing plans, and other similar debts		
	Yes	Other. Specify	Credit Card Purchases		
4.4	Capital One Bank USA NA	Last 4 digits of accor	unt number	\$	769.00
	Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 30281	When was the debt in	ncurred?		
	Salt Lake City, UT 84130 Number Street City State Zlp Code	As of the date you fil	e, the claim is: Check all that apply		
	Who incurred the debt? Check one. ☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORI	TY unsecured claim:		
	☐ Check if this claim is for a community debt	☐ Student loans			
	Is the claim subject to offset?	Obligations arising not report as priority of	out of a separation agreement or divorce that you did aims		
	■ No	☐ Debts to pension of	or profit-sharing plans, and other similar debts		
	Yes	Other. Specify	Credit Card Purchases		
4.5	Capital One Bank USA NA	Last A digita of accor	unt number	e	2,452.00
	Supridi Olic Balik OOA NA	Last 4 digits of accor	unt number	\$	<u>,</u> -52.00

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Debtor 2	Dennis W. Walston Nieves B. Walston	Document Page 21 of 64 Case number (if know)	
	Attn: Bankruptcy Dept. PO Box 30281 Salt Lake City, UT 84130	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent	
	■ Debtor 1 only		
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit Card Purchases	
	Capital One Bank USA NA	Last 4 digits of account number	\$ 971.00
	Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 30281	When was the debt incurred?	
-	Salt Lake City, UT 84130 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent	
	■ Debtor 1 only		
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit Card Purchases	
4.7	Capital One Bank USA NA	Last 4 digits of account number	\$ 646.00
	Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 30281 Salt Lake City LIT 84130	When was the debt incurred?	

As of the date you file, the claim is: Check all that apply

Number Street City State Zlp Code

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	Nonpriority Creditor's Name		
.10	Cornerstone Clinic	Last 4 digits of account number	\$ 188.55
	Yes	Other. Specify Utilities	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a community	☐ Student loans	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	□ Debtor 1 and Debtor 2 only	☐ Disputed	
	■ Debtor 1 only □ Debtor 2 only	☐ Unliquidated	
	Who incurred the debt? Check one.	☐ Contingent	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Attn: Bankruptcy Dept. PO Box 3005 Southeastern, PA 19398	When was the debt incurred?	
.9	Comcast Nonpriority Creditor's Name	Last 4 digits of account number	\$ 1,246.00
	Yes	■ Other. Specify Credit Card Purchases	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	•	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	debt Is the claim subject to offset?	_	
	☐ At least one of the debtors and another☐ Check if this claim is for a community	Student loans	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 only		
	Who incurred the debt? Check one.	☐ Contingent	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	PO Box 6497 Sioux Falls, SD 57117	When was the debt incurred?	
.8	Children's Place/CBNA Nonpriority Creditor's Name	Last 4 digits of account number	\$ 503.00
	Yes	■ Other. Specify Credit Card Purchases	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a community debt	☐ Student loans	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 only	Contingent	
COLO	Who incurred the debt? Check one.		
)ebtor	1 Dennis W. Walston 2 Nieves B. Walston	Case number (if know)	

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4.13	Dr. Leonards	Last 4 digits of account number	103.00
	Yes	■ Other. Specify Credit Card Purchases	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a community debt	☐ Student loans	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	Debtor 2 only	☐ Unliquidated	
	Who incurred the debt? Check one. ☐ Debtor 1 only	☐ Contingent	
	Las Vegas, NV 89193 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 98872	When was the debt incurred?	
4.12	Credit One Bank NA	Last 4 digits of account number	\$ 1,372.00
	Yes	Other. Specify Credit Card Purchases	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a community debt	☐ Student loans	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	Debtor 2 only	☐ Unliquidated	
	Who incurred the debt? Check one. Debtor 1 only	☐ Contingent	
	Las Vegas, NV 89193 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Attn: Bankruptcy Dept. PO Box 98872	When was the debt incurred?	
4.11	Credit One Bank NA Nonpriority Creditor's Name	Last 4 digits of account number	\$ 1,862.00
	☐ Yes	■ Other Specify Medical Bills	
	■ No	not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did	
	☐ Check if this claim is for a community debt	☐ Student loans	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ Debtor 2 only	☐ Unliquidated	
	Who incurred the debt? Check one. ☐ Debtor 1 only	☐ Contingent	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Debtor	Nieves B. Walston	Case number (if know)	

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Debtor 1 Dennis W. Walston

Debto	nr 2 Nieves B. Walston	Case number (if know)	
	Nonpriority Creditor's Name PO Box 2845 Monroe, WI 53566 Number Street City State Zlp Code	When was the debt incurred? As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent	
	Debtor 1 only		
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another		
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit Extension	
4.14	Fingerhut/Webbank	Last 4 digits of account number	\$ 1,791.00
	Nonpriority Creditor's Name 6250 Ridgewood Rd	When was the debt incurred?	
	Saint Cloud, MN 56303 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent	
	Debtor 1 only	· ·	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit Card Purchases	
4.15	Fingerhut/Webbank	Last 4 digits of account number	\$ 443.00
	Nonpriority Creditor's Name 6250 Ridgewood Rd	When was the debt incurred?	
	Saint Cloud, MN 56303 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one. ☐ Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Credit Extension	

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u did	1,312.00
u did	
\$	934.00
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\$	1,791.00
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	Nonpriority Creditor's Name Attn: Bankruptcy Dept. 375 Ghent Rd Akron, OH 44333	When was the debt incurred?		
4.21	Kay Jewelers	Last 4 digits of account number	\$	1,531.00
	Yes	■ Other. Specify Medical Bills		
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	debt			
	☐ At least one or the deptors and another ☐ Check if this claim is for a community	Student loans		
	■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	<u>_</u>	□ Disputed		
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Unliquidated		
	Who incurred the debt? Check one.	☐ Contingent		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
	Nonpriority Creditor's Name 2350 N. Rockton Avenue #209	When was the debt incurred?	·	
4.20	Harry Darland MD	Last 4 digits of account number	\$	280.00
	Yes	■ Other. Specify Personal Loan		
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	☐ Check if this claim is for a community debt	☐ Student loans		
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 only	·		
	Who incurred the debt? Check one.	☐ Contingent		
	Chicago, IL 60606 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
	Nonpriority Creditor's Name 20 North Wacker Drive #2275	When was the debt incurred?		
4.19	Great American Financial	Last 4 digits of account number	\$	1,230.00
	Yes	■ Other. Specify Credit Extension		
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	☐ Check if this claim is for a community debt	☐ Student loans		
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 only			
	Who incurred the debt? Check one.	☐ Contingent		
_ 0.0.0	r 2 Nieves B. Walston			

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Metabank Nonoriority Craditor's Namo	Last 4 digits of accou	int number	\$	679.00
⊔ Yes	■ Other. Specify	Medical Rills		
	_			
Is the claim subject to offset?	not report as priority cla	aims		
debt	☐ Student loans			
_		i unsecureu dann.		
	.,	Y unsecured claim		
Debtor 2 only	☐ Unliquidated			
Debtor 1 only	Ü			
Who incurred the debt? Check one.	_	e, the Gain is. Check an that apply		
Rockford, IL 61107				
Keith B. Potetti DC Nonpriority Creditor's Name	_		\$	149.00
∐Yes	Other. Specify	Credit Card Purchases		
	☐ Debts to pension o			
_	not report as priority cla	aims		
debt	_	out of a constraint organization discount of discount that you did		
		Y unsecured claim:		
_	<u> </u>			
Debtor 1 only	المالمان المالمان			
Who incurred the debt? Check one.	☐ Contingent			
375 Ghent Rd Akron, OH 44333 Number Street City State Zlp Code	As of the date you file	e, the claim is: Check all that apply		
Nonpriority Creditor's Name Attn: Bankruptcy Dept.	When was the debt in	ncurred?		
Kay Jewelers	Last 4 digits of accou	ınt number	\$	1,460.00
Yes	Other. Specify	Credit Card Purchases		
■ No	Debts to pension o	r profit-sharing plans, and other similar debts		
Is the claim subject to offset?				
☐ Check if this claim is for a community debt	☐ Student loans			
☐ At least one of the debtors and another		Y unsecured claim:		
Debtor 1 and Debtor 2 only	☐ Disputed	2		
Debtor 2 only	☐ Unliquidated			
Debtor 1 only	_			
Who incurred the debt? Check one.	☐ Contingent			
	□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Yes Kay Jewelers Nonpriority Creditor's Name Attn: Bankruptcy Dept. 375 Ghent Rd Akron, OH 44333 Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Yes Keith B. Potetti DC Nonpriority Creditor's Name 6085 Strathmoor Drive #1c Rockford, IL 61107 Number Street City State Zlp Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only ■ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Yes	■ Debtor 1 only	Debtor 1 only	□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check # this claim is for a community debt □ No □ Debtor 1 only □ Debtor 2 only □ Debtor 3 spriority dealins □ No □ Debtor 3 spriority dealins □ No □ Debtor 3 spriority dealins □ No □ Debtor 3 spriority dealins □ Other. Specify □ Credit Card Purchases No Check # this claim is for a community debt Stankruptcy Dept. 375 Ginent Ry □ Aktron. OH 4433 No □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 3 only □ Debtor 4 ind Debtor 2 only □ Debtor 5 only □ Debtor 5 only □ No □ Debtor 5 pension or profit-sharing plans, and other similar debts □ Stankruptcy Dept. Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 3 only □ Debtor 4 ind Debtor 2 only □ Debtor 5 only □ Stankruptcy Dept. Debtor 2 only □ Debtor 3 only □ Debtor 4 ind Debtor 2 only □ Debtor 5 only □ Debtor 6 only □ Debtor 6 only □ Debtor 7 only □ Debtor 7 only □ Debtor 8 only □ Debtor 8 only □ Debtor 9 only □ Debtor 9 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 3 only □ Debtor 4 only □ Debtor 5 only □ Debtor 5 only □ Debtor 6 only □ Debtor 6 only □ Debtor 7 only □ Debtor 7 only □ Debtor 8 only □ Debtor 9 only □ Debtor 9 only □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 3 only □ Deb

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	Dennis W. Walston Nieves B. Walston	Case number (if know)		
	PO Box 520 Sioux Falls, SD 57108	When was the debt incurred?		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one. ☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
ĺ	Debtor 1 and Debtor 2 only	☐ Disputed		
I	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
I	No	\square Debts to pension or profit-sharing plans, and other similar debts		
I	Yes	■ Other. Specify Credit Card Purchases	_	
4.25	Mid America B&T Genesis	Last 4 digits of account number	\$	513.00
	Nonpriority Creditor's Name PO Box 4499	When was the debt incurred?		
<u>1</u> 1	Beaverton, OR 97076 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
١	Who incurred the debt? Check one.	☐ Contingent		
ı	Debtor 1 only			
ĺ	Debtor 2 only	☐ Unliquidated		
I	Debtor 1 and Debtor 2 only	☐ Disputed		
I	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community debt	☐ Student loans		
ı	s the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
ı	No	\square Debts to pension or profit-sharing plans, and other similar debts		
í	Yes	■ Other. Specify Credit Card Purchases	_	
4.26	Midnight Velvet	Last 4 digits of account number	\$	188.00
•	Nonpriority Creditor's Name	When was the debt incurred?		
	Monroe, WI 53566 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
\	Who incurred the debt? Check one.	☐ Contingent		
I	Debtor 1 only	_		
l	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
_	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community lebt	☐ Student loans		
ı	s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
ı	No	☐ Debts to pension or profit-sharing plans, and other similar debts		
I	Yes	■ Other. Specify Credit Extension	_	
4.27	OSF St. Anthony Med Center	Last 4 digits of account number	\$	1,100.00

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Debtor 2	Dennis W. Walston Nieves B. Walston	Case number (if know)					
	Nonpriority Creditor's Name Attn: Bankruptcy Dept. 5510 East State St.	When was the debt incurred?					
-	Rockford, IL 61108-2381 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply					
		_					
	Who incurred the debt? Check one. Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	■ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community debt	☐ Student loans					
	Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts					
	Yes	■ Other. Specify Medical Bills					
4.28	Personal Finance	Last 4 digits of account number	\$	1,284.00			
	Nonpriority Creditor's Name 19065 Hickory Creek Drive, Suite 30	When was the debt incurred?	_				
	Mokena, IL 60448 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.	☐ Contingent					
	■ Debtor 1 only						
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community debt	☐ Student loans					
	Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts					
	Yes	Other. Specify Personal Loan					
4.29	Renovo Endodontic Studio	Last 4 digits of account number	\$	149.00			
	Nonpriority Creditor's Name 1750 N. Randall Road #150	When was the debt incurred?	·				
	Elgin, IL 60124 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply					

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4.32	Seventh Avenue	Last 4 digits of accou	unt number	\$ 108.00
	Yes	Other. Specify	Medical Bills	
	■ No	☐ Debts to pension o	r profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	not report as priority cl		
	Check if this claim is for a community debt	☐ Student loans		
	At least one of the debtors and another	Type of NONPRIORIT	r unsecurea ciaim:	
	Debtor 1 and Debtor 2 only	☐ Disputed	V unsecured claim	
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 only	_		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file	e, the claim is: Check all that apply	
	Attn: Bankruptcy Dept. 401 Roxbury Rd. Rockford, IL 61107-6075	When was the debt in	ncurred?	
	Rockford Gastroenterology Associate Nonpriority Creditor's Name	Last 4 digits of accou	unt number	\$ 823.26
	Yes	Other. Specify	Medical Bills	
	■ No	Debts to pension o	r profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Obligations arising not report as priority cl	out of a separation agreement or divorce that you did aims	
	☐ Check if this claim is for a community debt	☐ Student loans		
	At least one of the debtors and another	Type of NONPRIORIT	Y unsecured claim:	
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 only	☐ Contingent		
	Who incurred the debt? Check one.	_	o, and diaminist. On book an anat apply	
	6067 Strathmoor Drive #2 Rockford, IL 61107 Number Street City State Zlp Code	When was the debt in	e, the claim is: Check all that apply	
	Rock Valley Anesthesiologists Nonpriority Creditor's Name	Last 4 digits of accou	unt number	\$ 181.00
	☐ Yes	Other. Specify	Medical Bills	
	■ No		r profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Obligations arising not report as priority cl	out of a separation agreement or divorce that you did aims	
	☐ Check if this claim is for a community debt	☐ Student loans		
	\square At least one of the debtors and another	Type of NONPRIORIT	Y unsecured claim:	
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 only	_ contingent		
	Who incurred the debt? Check one.	☐ Contingent		
Debtor 2	Dennis W. Walston Nieves B. Walston		Case number (if know)	

Nonpriority Creditor's Name

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Debtor 2	Dennis W. Walston Nieves B. Walston	Case number (if know)	
	Attn: Bankruptcy Dept. 1112 7th Avenue	When was the debt incurred?	
	Monroe, WI 53566-1364 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one. □ Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	<u> </u>	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit Extension	
	Springleaf Financial	Last 4 digits of account number	\$ 3,740.00
	Nonpriority Creditor's Name Attn: Bankruptcy Dept. 5451 East State Street Rockford, IL 61108	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent	
	Debtor 1 only	· ·	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Personal Loan	
	Swedish American Health System	Last 4 digits of account number	\$ 1,772.07
	Nonpriority Creditor's Name Attn: Bankruptcy Dept. 1401 East State Street	When was the debt incurred?	
	Rockford, IL 61104 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	

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Debtor 2	Dennis W. Walston Nieves B. Walston	Boodinent	Case number (if know)	
	Who incurred the debt? Check one.	O continuent		
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORIT	Y unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	- otadoni idano		
	Is the claim subject to offset?	Obligations arising not report as priority cla	out of a separation agreement or divorce that you did aims	
	■ No	☐ Debts to pension or	profit-sharing plans, and other similar debts	
	Yes	Other. Specify	Medical Bills	
4.35	SYNCB/Care Credit	Last 4 digits of accou	nt number	\$ 500.00
	Nonpriority Creditor's Name			
	Attn: Bankruptcy Dept PO BOX 960061	When was the debt in	curred?	
	Orlando, FL 32896 Number Street City State Zlp Code	As of the date you file	e, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent		
	■ Debtor 1 only	_ ······g-···		
	☐ Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORIT	Y unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	☐ Obligations arising not report as priority cla	out of a separation agreement or divorce that you did aims	
	■ No	Debts to pension of	profit-sharing plans, and other similar debts	
	Yes	Other. Specify	Credit Card Purchases	
4.36	SYNCB/Care Credit	Last 4 digits of accou	nt number	\$ 414.00
	Nonpriority Creditor's Name			
	Attn: Bankruptcy Dept PO BOX 960061 Orlando, FL 32896	When was the debt in	currea?	
	Number Street City State Zlp Code	As of the date you file	e, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent		
	Debtor 1 only	-		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORIT	Y unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	Obligations arising not report as priority cla	out of a separation agreement or divorce that you did aims	
	■ No		profit-sharing plans, and other similar debts	
	Yes	Other. Specify	Credit Card Purchases	
4.37	SYNCB/JC Penney	Last 4 digits of accou	nt number	\$ 677.00

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Dobtor	1 Dennis W. Walston	Document Page 33 of 64		
Debtor Debtor	Nieves B. Walston	Case number (if know)		
	Attn: Bankruptcy Dept. PO Box 965007	When was the debt incurred?		
	Orlando, FL 32896 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent		
	■ Debtor 1 only			
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts		
	Yes	■ Other. Specify Credit Card Purchases		
4.38	SYNCB/Wal-Mart	Last 4 digits of account number	\$	309.00
	Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 965024	When was the debt incurred?		
	Orlando, FL 32896 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent		
	■ Debtor 1 only	-		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	$\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts		
	Yes	■ Other. Specify Credit Card Purchases	_	
4.39	World Finance Company	Last 4 digits of account number	\$	5,964.00
	Nonpriority Creditor's Name PO Box 6429	When was the debt incurred?		
	Greenville, SC 29606 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent		
	■ Debtor 1 only			
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	No	\square Debts to pension or profit-sharing plans, and other similar debts		
	□Yes	Personal Loan		

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Debtor 1 Dennis W. Walston
Debtor 2 Nieves B. Walston

Case number (if know)

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. On which entry in Part 1 or Part2 did you list the original creditor? Name and Address **Account Recovery Service** Line 4.30 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy Dept. ■ Part 2: Creditors with Nonpriority Unsecured Claims 5183 Harlem Rd Loves Park. IL 61111-3448 Last 4 digits of account number Name and Address On which entry in Part 1 or Part2 did you list the original creditor? **Account Recovery Service** Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy Dept. ■ Part 2: Creditors with Nonpriority Unsecured Claims 5183 Harlem Rd Loves Park, IL 61111-3448 Last 4 digits of account number Name and Address On which entry in Part 1 or Part2 did you list the original creditor? Convergent Healthcare Inc. Line 4.27 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy Dept. Part 2: Creditors with Nonpriority Unsecured Claims 121 NE Jefferson St. Suite 100 Peoria, IL 61602 Last 4 digits of account number Name and Address On which entry in Part 1 or Part2 did you list the original creditor? **Creditors Protection Service** Line 4.23 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy Dept. ■ Part 2: Creditors with Nonpriority Unsecured Claims PO Box 4115 Rockford, IL 61101 Last 4 digits of account number On which entry in Part 1 or Part2 did you list the original creditor? Name and Address **Equifax** Line 4.31 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 740256 ■ Part 2: Creditors with Nonpriority Unsecured Claims Atlanta, GA 30374 Last 4 digits of account number Name and Address On which entry in Part 1 or Part2 did you list the original creditor? Experian Line 4.31 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 4500 Part 2: Creditors with Nonpriority Unsecured Claims Allen, TX 75013 Last 4 digits of account number Name and Address On which entry in Part 1 or Part2 did you list the original creditor? IC Systems Collections Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy Dept. ■ Part 2: Creditors with Nonpriority Unsecured Claims PO Box 64378 Saint Paul, MN 55164 Last 4 digits of account number On which entry in Part 1 or Part2 did you list the original creditor? Name and Address Jefferson Capital Systems Line 4.18 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy Dept. ■ Part 2: Creditors with Nonpriority Unsecured Claims 16 Mcleland Rd Saint Cloud, MN 56303 Last 4 digits of account number Name and Address On which entry in Part 1 or Part2 did you list the original creditor? **Keynote Consulting** Line 4.29 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 220 West Campus Drive #102 ■ Part 2: Creditors with Nonpriority Unsecured Claims Arlington Heights, IL 60004 Last 4 digits of account number

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Debtor 1 Dennis W. Walston Debtor 2 Nieves B. Walston Case number (if know) Name and Address On which entry in Part 1 or Part2 did you list the original creditor? **LVNV Funding** Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy Dept. Part 2: Creditors with Nonpriority Unsecured Claims PO Box 10497 Greenville, SC 29603 Last 4 digits of account number Name and Address On which entry in Part 1 or Part2 did you list the original creditor? Midland Funding, LLC Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy Dept. ■ Part 2: Creditors with Nonpriority Unsecured Claims 2365 Northside Drive, Suite 300 San Diego, CA 92108 Last 4 digits of account number Name and Address On which entry in Part 1 or Part2 did you list the original creditor? Midland Funding, LLC Line 4.24 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy Dept. ■ Part 2: Creditors with Nonpriority Unsecured Claims 2365 Northside Drive, Suite 300 San Diego, CA 92108 Last 4 digits of account number Name and Address On which entry in Part 1 or Part2 did you list the original creditor? Mutual Management Services Co., Line 4.34 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims LLC ■ Part 2: Creditors with Nonpriority Unsecured Claims 7177 Crimson Ridge Dr., Suite 10 PO Box 8740 Rockford, IL 61126-6235 Last 4 digits of account number Name and Address On which entry in Part 1 or Part2 did you list the original creditor? Mutual Management Services Co., Line 4.31 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims LLC Part 2: Creditors with Nonpriority Unsecured Claims 7177 Crimson Ridge Dr., Suite 10 PO Box 8740 Rockford, IL 61126-6235 Last 4 digits of account number Name and Address On which entry in Part 1 or Part2 did you list the original creditor? Mutual Management Services Co., Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims LLC ■ Part 2: Creditors with Nonpriority Unsecured Claims 7177 Crimson Ridge Dr., Suite 10 PO Box 8740 Rockford, IL 61126-6235 Last 4 digits of account number On which entry in Part 1 or Part2 did you list the original creditor? Name and Address **Rockford Mercantile Agency** Line 4.27 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy Dept. Part 2: Creditors with Nonpriority Unsecured Claims 2502 S Alpine Rd Rockford, IL 61108 Last 4 digits of account number Name and Address On which entry in Part 1 or Part2 did you list the original creditor? **Rockford Mercantile Agency** Line 4.20 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy Dept. ■ Part 2: Creditors with Nonpriority Unsecured Claims 2502 S Alpine Rd Rockford, IL 61108 Last 4 digits of account number Name and Address On which entry in Part 1 or Part2 did you list the original creditor? Stellar Recovery, Inc. Line 4.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy Dept. ■ Part 2: Creditors with Nonpriority Unsecured Claims 1327 Highway 2 W, Suite 100

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Debtor 1 Dennis W. Walston Debtor 2 Nieves B. Walston		Case number (if know)
Kalispell, MT 59901	Last 4 digits of account nur	mber
Name and Address	On which entry in Part 1 or	Part2 did you list the original creditor?
TransUnion 555 West Adams Street Chicago, IL 60661	Line 4.31 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account nur	mber

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total claim	
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total. Add lines 6a through 6d.	6e.	\$	0.00
				Total Claim	
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	41,009.88
	6j.	Total. Add lines 6f through 6i.	6j.	\$	41,009.88

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		DUGUITE	III FAUE 37 UI 04	
Fill in this infor	rmation to identify your	case:		
Debtor 1	Dennis W. Walsto	on		
	First Name	Middle Name	Last Name	
Debtor 2	Nieves B. Walsto	n		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company wit	h whom you have the cer, Street, City, State and ZIP Co	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					_
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3	Oity		Otato	Zii Oodo	
2.0	Name				_
	Name				
	Number	Street			
	City		State	ZIP Code	
2.4					
	Name				
					<u> </u>
	Number	Street			
	City		State	ZIP Code	_
2.5	Oity		Otate	Zii Code	
2.5	Name				<u> </u>
	iname				
		_			<u> </u>
	Number	Street			
	City		State	ZIP Code	_
	.,				

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		Documer	nt Page 38 c	f 64	
Fill in this i	nformation to identify your	case:			
Debtor 1	Dennis W. Walst	-			
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, filing	Nieves B. Walsto First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	NORTHERN DISTRICT O	OF ILLINOIS		
Case number	er				
(if known)				amende	this is an d filing
Off: =: =1	Farma 40011				-
	Form 106H	alatana			
Scheal	ule H: Your Cod	eptors			12/15
your name a	on have any codebtors? (If). Answer every question.	•	o this page. On the top of any Additional as a codebtor.	i ayes, wille
■ No					
☐ Yes					
	in the last 8 years, have yo , California, Idaho, Louisiana			ry? (Community property states and territon ington, and Wisconsin.)	es include
■ No. 0	Go to line 3.				
☐ Yes.	Did your spouse, former spo	use, or legal equivalent live	with you at the time?		
in line 2 Form 1	2 again as a codebtor only	if that person is a guarante	or or cosigner. Make	rif your spouse is filing with you. List the sure you have listed the creditor on Sch DGG). Use Schedule D, Schedule E/F, or S	edule D (Official
	olumn 1: Your codebtor ame, Number, Street, City, State and Z	IP Code		Column 2: The creditor to whom you Check all schedules that apply:	owe the debt
3.1				☐ Schedule D, line	
N	ame			Schedule E/F, line	
				☐ Schedule G, line	
	umber Street ity	State	ZIP Code		
3.2				☐ Schedule D, line	
	ame			☐ Schedule E/F, line	
				☐ Schedule G, line	
	umber Street	•		_	
С	ity	State	ZIP Code		

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Fill	in this information to identify your c	ase:							
	otor 1 Dennis W. V								
	otor 2 Nieves B. W	alston			_				
Uni	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS						
(If kr	se number						ded filing ment showir	ng postpetition chapte ollowing date:	r
	fficial Form 106I					MM / DD	YYYYY		
S	chedule I: Your Inc	ome						12/	15
sup spo atta	as complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	are married and not fili ir spouse is not filing w	ng jointly, and your s ith you, do not includ	spouse de infor	is liv mati	ring with you, in on about your	nclude infor spouse. If m	mation about your nore space is needed	d,
1.	Fill in your employment information.		Debtor 1			Debto	r 2 or non-f	iling spouse	
	If you have more than one job, attach a separate page with	Employment status	■ Employed			□ Em	ployed		
	information about additional employers.		☐ Not employed			■ No	employed		
	employers.	Occupation	Bus Driver						
	Include part-time, seasonal, or self-employed work.	Employer's name	Rockford Mass	Transit	i				
	Occupation may include student or homemaker, if it applies.	Employer's address	520 Mulberry Str Rockford, IL 611						
		How long employed t	here? 22 years	6					
Pai	t 2: Give Details About Mo	nthly Income							
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to re	eport for	any	line, write \$0 in	he space. Ir	nclude your non-filing	
	u or your non-filing spouse have m e space, attach a separate sheet to		ombine the information	n for all	empl	oyers for that pe	rson on the	lines below. If you ne	ed
						For Debtor 1		btor 2 or ing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	5,852.80	<u> </u>	0.00	
3.	Estimate and list monthly over	ime pay.		3.	+\$	0.00	+\$	0.00	

5,852.80

0.00

Calculate gross Income. Add line 2 + line 3.

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Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data. if it	Debt		Dennis W. Walston Nieves B. Walston		Cas	se number (<i>if kn</i>	own)				
5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement fund loans 5d. Voluntary contributions for retirement fund loans 5d. Voluntary contributions for velocity contributi					F	or Debtor 1					
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement fund loans 5c. Voluntary contributions for voluntary contributions for retirement fund loans 5c. Voluntary contributions for volun		Cop	by line 4 here	4.	\$	5,852	.80		<u> </u>		
5a	5.	List	all payroll deductions:								
56. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. 10.00 \$ 0.00 5c. Required repayments of retirement fund loans 5c. Insurance 5c. Insurance 5c. Insurance 5c. Insurance 5c. Voluntary contributions of the firement fund loans 5c. Insurance 5c. Insurance 5c. Insurance 5c. Insurance 5c. Voluntary contributions of the firement fund loans 5c. Insurance 5c. Voluntary Contributions of the firement fund loans 5c. Voluntary Contributions for retirement fund loans 5c. Voluntary Contributions for retirement fund loans 5c. Voluntary Contributions for retirement fund loans 5c. Voluntary Contributions for many fund fund fund fund fund fund fund fund				5a.	\$	1.267	.93	\$	C	0.00	
5-5. Required repayments of retirement fund loans 5-6. Insurance 5-7. Domestic support obligations 5-8. Insurance 5-9. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		5b.	•	5b.		•					
56. Insurance 57. Domestic support obligations 58. Union dues 59. Union dues 59. Union dues 59. Union dues 59. \$ 55,10 \$ 0.00 59. Union dues 59. \$ 28,02 \$ 0.00 60. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 60. \$ 11,799,14 \$ 0.00 61. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 61. \$ 1,799,14 \$ 0.00 62. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 63. \$ 1,799,14 \$ 0.00 64. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 65. \$ 1,799,14 \$ 0.00 65. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 66. \$ 1,799,14 \$ 0.00 67. Calculate total monthly take-home pay. Subtract line 6 from line 4. 68. \$ 1,799,14 \$ 0.00 69. \$ 0.0		5c.	Voluntary contributions for retirement plans	5c.	\$	0	.00	\$		0.00	
5f. Domestic support obligations 5g. Union dues 5g. \$5.10 0.00 1h. \$13.98 + \$0.00 1h. \$1		5d.	Required repayments of retirement fund loans	5d.	\$	0	.00	\$	C	0.00	
5g. Union dues Sh. Other deductions. Specify: Uniform Life Insurance Life Insurance Parking Sh. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. Sh. 13.98 + \$ 0.000 Rarking Sh. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. Sh. 10.01 \$ 0.000 Sh. 10.01 \$ 0.000 Calculate total monthly take-home pay. Subtract line 6 from line 4. Calculate total monthly take-home pay. Subtract line 6 from line 4. Calculate total monthly take-home pay. Subtract line 6 from line 4. Calculate total monthly take-home pay. Subtract line 6 from line 4. Calculate total monthly take-home pay. Subtract line 6 from line 4. Calculate total monthly take-home pay. Subtract line 6 from line 4. Calculate total monthly take-home pay. Subtract line 6 from line 4. Calculate total monthly take-home pay. Subtract line 6 from line 4. Calculate total monthly take-home pay. Subtract line 6 from line 4. Calculate total monthly rake-home pay. Subtract line 6 from line 4. Calculate total monthly rake-home pay. Subtract line 6 from line 4. Calculate total monthly rake-home pay. Subtract line 6 from line 4. Calculate monthly receive Include alimony, spousal support payments and the total monthly income. Add line 7 this pay. Subtract line 6 from line 4. Calculate monthly income. Add line 7 + line 9. Add all other income from subtract line 6 from line 4. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. Calculate monthly income. Add line 8 a+8b+8c+8d+8e+8f+8g+8h. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: Calculate monthly income. Add line 8 and Belated Data. If it lines to combined monthly income. No pow expect an increase or decrease within the year after you file this form? Calculate monthly income and calculate and calculate line 8 and Related Data. If it lines applies. Combined monthly income.		5e.	Insurance	5e.	\$	424	.10	\$	C	0.00	
Sh. Other deductions. Specify: Uniform Life Insurance Parking Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. But an add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. But an add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. But an add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. But an add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. But an add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. But an add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. But an add the payroll deductions. But income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. But an add the payroll deductions. But and the payroll deductions and the value (if known) of any non-cash assistance that you receive guide each assistance and the value (if known) of any non-cash assistance that you receive guide each assistance and the value (if known) of any non-cash assistance that you receive guide each and satistance and the value (if known) of any non-cash assistance that you receive		-	••	5f.				\$			
Life Insurance Parking Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. Calculate total monthly take-home pay. Subtract line 6 from line 4. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. Bale Notice of the income regularly received: Bale Notice of the income regularly received: Bale Notice of the income regularly received: Bale Notice of the income from rental property and from operating a business, profession, or farm. Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Bb. Interest and dividends Bc. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Bd. Unemployment compensation Be. Social Security		-		•				· · · · · · · · · · · · · · · · · · ·			
Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 1,799.14 \$ 0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 4,053.66 \$ 0.00 8. List all other income regularly received: 8. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. 0.00 \$ 0.00 8e. \$ 0.00 \$ 0.00 8e. \$ 0.00 \$ 0.00 8e. \$ 0.00 \$ 0.00 8f. Other government assistance that you regularly receive include cash assistance of the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 11. State all other income. Add lines 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other frends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other frends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the las		5h.	· · · · · · · · · · · · · · · · · · ·	5h.+							
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 1,799.14 \$ 0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 4,053.66 \$ 0.00 8. List all other income regularly received: 8. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income 8. Interest and dividends 8. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8. 0.00 \$ 0.00 8. Social Security 8. \$ 0.00 \$ 0.00 9. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 9. Add all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your recommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 2. 4,053.66 Combined monthly income. No.					٠.			· · —			
7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 4,053.66 \$ 0.00 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8b. 5 0.00 \$ 0.00 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (hendiffs under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 9. Add all other income. Add line 7 + line 9. 10. \$ 4,053.66 + \$ 0.00 \$ 0.00 10. Calculate monthly income. Add line 7 + line 9. 10. \$ 4,053.66 + \$ 0.00 \$ 0.00 11. **State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. ** \$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it is applies. 13. Do you expect an increase or decrease within the year after you file this form?					\$			\$		0.00	
8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8d. Unemployment compensation 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ 0.00 8d. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it \$ 4,053.66	6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,799	.14	\$	0	0.00	
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00 8e. Social Security 8e. \$ 0.00 \$ 0.00 9e. Hortigovernment assistance that you regularly receive Include cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ 0.00 10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 10. Calculate monthly income. 11. **Social Schedule** 12. **Combined monthly income.** 13. Do you expect an increase or decrease within the year after you file this form?	7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	4,053	.66	\$	0	0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form?	8.		Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	8a.	\$	0	.00	\$	(0.00	
regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. \$ 0.00 \$ 0.00 8e. \$ 0.00 \$ 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 8h. Other monthly income. Specify: 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No.		8b.	Interest and dividends	8b.	\$			\$			
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 Combined monthly income. Write that amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No.			regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation	8c.	\$	0	.00				
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No.		8e.	Social Security	8e.	\$	0	.00	\$		0.00	
8h. Other monthly income. Specify: 8h. \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		8f.	Include cash assistance and the value (if known) of any non-cash assistathat you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		0	.00		(0.00	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$		-		-	Τ.			*			
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 4,053.66 Combined monthly income		8h.	Other monthly income. Specify:	8h.+	\$	0	.00	+ \$		0.00	
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it applies 13. Do you expect an increase or decrease within the year after you file this form? No.	9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0	.00	\$		0.00	
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income No.	10.		•	10. \$		4,053.66	+ \$		0.00	§	4,053.66
Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$\frac{4,053.66}{\text{Combined}}\$ 13. Do you expect an increase or decrease within the year after you file this form? No.	11.	Inclionation of the other of th	ude contributions from an unmarried partner, members of your household, yer friends or relatives. For friends or relatives. For include any amounts already included in lines 2-10 or amounts that are	our depen						i	0.00
13. Do you expect an increase or decrease within the year after you file this form? ■ No. monthly income	12.	Writ	te that amount on the Summary of Schedules and Statistical Summary of C				. ,		12. \$		4,053.66
	13.	Do	you expect an increase or decrease within the year after you file this fo	orm?							

Fill	in this informa	ation to identify yo	our case:			Ĭ			
Deb	tor 1	Dennis W. W	/alston			Ch	eck if this is:		
	tor 2 buse, if filing)	Nieves B. Wa	alston					ent show	ving postpetition chapter the following date:
					010				
Unit	ed States Bank	ruptcy Court for the:	NORTH	IERN DISTRICT OF ILLIN	OIS		MM / DD /	YYYY	
	e number nown)								
		orm 106J							
Be info	as complete ormation. If n		possible eded, atta	. If two married people a ach another sheet to this					
Par 1.	t 1: Desc	ribe Your House	hold						
	□ No. Go to	o line 2.	in a separ	ate household?					
		lo	-	ial Form 106J-2, <i>Expense</i>	s for Separate Hous	sehold of D	ebtor 2.		
2.	Do you hav	e dependents?	■ No						
	Do not list D and Debtor		☐ Yes.	Fill out this information for each dependent	Dependent's relation		Depend age	lent's	Does dependent live with you?
	Do not state dependents								□ No □ Yes
	acpendents	names.							☐ Yes
									☐ Yes
									□ No □ Yes
									□ No
									☐ Yes
3.	expenses of	penses include of people other t d your depende	han $_{m au}$	No Yes					
Est	imate your e	a date after the l	our bankr	ly Expenses uptcy filing date unless y y is filed. If this is a supp	ou are using this to the desired the desir	form as a s le <i>J</i> , check	supplement the box at t	in a Cha he top o	apter 13 case to report of the form and fill in the
the		h assistance an		government assistance cluded it on <i>Schedule I:</i>			Y	our expe	enses
4.		or home owners nd any rent for th		uses for your residence.	nclude first mortgag	ge 4.	\$		1,150.00
	If not include	ded in line 4:							
	4a. Real	estate taxes				4a.	\$		0.00
		erty, homeowner's	s, or renter	's insurance		4b.	·		0.00
				upkeep expenses		4c.	·		50.00
5.		eowner's associat		dominium dues our residence, such as ho	ime equity loops	4d. 5.			0.00
J.	Auditional	mortgage payille	onto for yo	on residence, such as no	ine equity loans	5.	Ψ		0.00

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	tor 1 tor 2		W. Walston 3. Walston	Ca	se numl	ber (if known)	
6.	Utiliti	ies:					
	6a.	Electricity,	, heat, natural gas		6a.	\$	185.00
	6b.	Water, sev	wer, garbage collection		6b.	\$	80.00
	6c.	Telephone	e, cell phone, Internet, satellite, and cable services		6c.	\$	420.00
	6d.	Other. Spe	ecify:		6d.	\$	0.00
7.	Food	l and hous	ekeeping supplies		7.	\$	650.00
8.	Child	dcare and c	children's education costs		8.	\$	0.00
9.			Iry, and dry cleaning		9.	\$	200.00
10.	Pers	onal care p	products and services		10.	\$	125.00
11.	Medi	cal and de	ntal expenses		11.	\$	500.00
12.			Include gas, maintenance, bus or train fare.		12.	\$	400.00
12			ar payments.	hooks	13.	\$	
			clubs, recreation, newspapers, magazines, and	DOOKS		·	50.00
14.			tributions and religious donations		14.	\$	22.00
15.	Insur Do no		nsurance deducted from your pay or included in line	s 4 or 20			
		Life insura		3 4 01 20.	15a.	\$	0.00
		Health ins			15b.	·	0.00
		Vehicle in			15c.	\$	96.00
			urance. Specify:		15d.	\$	0.00
16.			nclude taxes deducted from your pay or included in	lines 4 or 20.	-	·	
	Spec	ify:	, , ,		16.	\$	0.00
17.			ease payments:			•	
			ents for Vehicle 1		17a.		0.00
			ents for Vehicle 2		17b.	\$	0.00
		Other. Spe			17c.	\$	0.00
		Other. Spe			17d.	\$	0.00
18.			of alimony, maintenance, and support that you		18.	\$	0.00
10			your pay on line 5, Schedule I, Your Income (Off s you make to support others who do not live w		10.	\$	0.00
15.	Spec		s you make to support offices who do not live w	iii you.	19.	Ψ	0.00
20.	•		erty expenses not included in lines 4 or 5 of this	s form or on Schedu	_	our Income.	
0.			s on other property		20a.		0.00
		Real estat			20b.	\$	0.00
	20c.	Property, I	homeowner's, or renter's insurance		20c.	\$	0.00
			nce, repair, and upkeep expenses		20d.	\$	0.00
			ner's association or condominium dues		20e.	\$	0.00
21.	Othe	r: Specify:	Miscellaneous, Birthdays, Holidays, Hair	cuts	21.		100.00
					-		
22.		-	monthly expenses			•	4 000 00
			through 21.	-:-I F 400 I 0		\$	4,028.00
			2 (monthly expenses for Debtor 2), if any, from Offi	ciai Form 106J-2		\$	
	22c. /	Add line 22	a and 22b. The result is your monthly expenses.			\$	4,028.00
23.	Calcu	ulate your	monthly net income.				
	23a.	Copy line	12 (your combined monthly income) from Schedule	· I.	23a.	\$	4,053.66
	23b.	Copy your	r monthly expenses from line 22c above.		23b.	-\$	4,028.00
	23c.	Subtract v	your monthly expenses from your monthly income.				
	200.		t is your monthly net income.		23c.	\$	25.66
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No.							e or decrease because of a
	□Y€	es.	Explain here:				

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					_
Fill in this infor	mation to identify you	r case:			
Debtor 1	Dennis W. Walst	on			
	First Name	Middle Name	Las	t Name	
Debtor 2	Nieves B. Walsto				
(Spouse if, filing)	First Name	Middle Name	Las	t Name	
United States Ba	inkruptcy Court for the:	NORTHERN DISTRICT O	OF ILLINO	IS	
Case number					
(if known)					☐ Check if this is an
					amended filing
O#:-:-!	400D				
Official Forn			_		
Declarat	ion About a	an Individual I	Debto	or's Schedules	12/15
If two married pe	eople are filing togeth	er, both are equally respon	sible for	supplying correct information.	
Vou must file this	s form whenever you	file hankruntev schedules	or amend	ad schadulas. Making a falsa sta	atement, concealing property, or
					000, or imprisonment for up to 20
years, or both. 1	8 U.S.C. §§ 152, 1341,	1519, and 3571.	. ,	• , ,	
Sign	n Below				
Did you pa	y or agree to pay som	eone who is NOT an attorn	ey to help	you fill out bankruptcy forms?	
■ No					
□ Yes N	Name of person			Attach Bankruntcy Pet	ition Preparer's Notice, Declaration,
				and Signature (Official F	
l luder nene	ltu of morium. I doolow	a that I have road the aumon			tion and
	ity of perjury, I declare e true and correct.	that I have read the Sumir	iary and s	schedules filed with this declara	tion and
•					
	nis W. Walston		X	/s/ Nieves B. Walston	
	s W. Walston re of Debtor 1			Nieves B. Walston Signature of Debtor 2	
Signatul	C OI DEDIOI I			orginature or Debtor 2	

Date February 11, 2016

Date February 11, 2016

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Fill in this infor	mation to identify you	r case:			
Debtor 1	Dennis W. Wals	• •			
Debtor 2	First Name Nieves B. Walst	Middle Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT C	F ILLINOIS		
Case number					
(if known)				-	Check if this is an
					mended filing
Official Fo	rm 107				
Official Fo		Affaire for Individ	uals Eiling for B	ankruptov	40/45
		Affairs for Individ			12/15
information. If n	nore space is needed	ible. If two married people a , attach a separate sheet to			
number (if know	n). Answer every que	stion.			
Part 1: Give	Details About Your Ma	arital Status and Where You	Lived Before		
1. What is you	ır current marital statı	us?			
■ Married	1				
☐ Not ma	rried				
2. During the	last 3 years, have you	lived anywhere other than v	where you live now?		
□ No					
	st all of the places you	lived in the last 3 years. Do no	ot include where you live now	V.	
Debtor 1 P	rior Address:	Dates Debtor 1	Debtor 2 Prior Ad	dress:	Dates Debtor 2
	dale Drive	From-To: - 4/2014	■ Same as Debtor 1		Same as Debtor 1
Rockford	, IL 61108	- 4/2014			From-To:
states and territor	<i>ri</i> es include Arizona, Ca	ver live with a spouse or leg lifornia, Idaho, Louisiana, Nev hedule H: Your Codebtors (Of	vada, New Mexico, Puerto R		
Part 2 Expla	in the Sources of You	ır Income			
Fill in the tot	al amount of income yo	nployment or from operatin ou received from all jobs and a have income that you receive	all businesses, including part	t-time activities.	endar years?
□ No					
Yes. Fi	Il in the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	of current year until ed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$2,700.00	☐ Wages, commissions, bonuses, tips	\$0.00
		☐ Operating a business		☐ Operating a business	
Official Form 107		Statement of Financial Affa	airs for Individuals Filing for Ba	ankruptcy	page 1

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	Nieves B. Wa			Case number (if known)						
			ahtan 4		Dak					
		s	ebtor 1 ources of income heck all that apply.	Gross income (before deductions and exclusions)	Sou	otor 2 arces of inco ack all that ap		Gross income (before deductions and exclusions)		
	endar year: to December		■ Wages, commissions, onuses, tips	\$70,233.49		Vages, comr uses, tips	nissions,	\$0.00		
			Operating a business			Operating a b	usiness			
For the cale January 1	endar year bet to December	24 2014 \	Wages, commissions, onuses, tips	\$51,408.00		Vages, comr uses, tips	nissions,	\$0.00		
			Operating a business			Operating a b	usiness			
■ No		•	e from each source separa	tely. Do not include incom	e that yo	ou listed in lin	e 4.			
		De	ebtor 1		Deb	tor 2				
			ources of income escribe below	Gross income (before deductions and exclusions)		rces of inco cribe below.	ome	Gross income (before deductions and exclusions)		
	ner Debtor 1's b. Neither De individual p	or Debtor 2's cebtor 1 nor Deb	de Before You Filed for debts primarily consumer tor 2 has primarily consursonal, family, or household to the properties of the parket proved the second for hankrupters of the second for the s	r debts? Imer debts. Consumer de Id purpose."				1(8) as "incurred by an		
	□ No. □ Yes	Go to line 7. List below each paid that credit not include pay	you filed for bankruptcy, di h creditor to whom you pai tor. Do not include paymer yments to an attorney for th n 4/01/16 and every 3 year	d a total of \$6,225* or months for domestic support of his bankruptcy case.	re in one oligations	or more pay s, such as ch	ments and t	and alimony. Also, do		
■ Ye			oth have primarily consu you filed for bankruptcy, di		otal of \$6	00 or more?				
	■ No.	Go to line 7.								
	□ _{Yes}	include payme	h creditor to whom you pai nts for domestic support o this bankruptcy case.				•			
Credito	or's Name and	I Address	Dates of payme	nt Total amount paid	Am	ount you still owe	Was this p	payment for		

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Deb	otor 2	Nieves B. Walston		Cas	e number (<i>if knowi</i>	7)	
7.	Inside corpo includ	In 1 year before you filed for bankruptoers include your relatives; any general parations of which you are an officer, directing one for a business you operate as a port and alimony.	rtners; relatives of any gene for, person in control, or ow	eral partners; partnerners of 20% or more	erships of which yof their voting se	you are a gener ecurities; and ar	al partner; ny managing agent,
	_	No Yes. List all payments to an insider					
	Insid	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
В.	insid	n 1 year before you filed for bankruptoer? de payments on debts guaranteed or cos		ments or transfer a	iny property on	account of a d	ebt that benefited an
	_	No Yes. List all payments to an insider					
	Insid	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment litor's name
Par	t 4:	Identify Legal Actions, Repossession	s, and Foreclosures				
9.	Withi List a	in 1 year before you filed for bankruptor Il such matters, including personal injury ications, and contract disputes.	cy, were you a party in any				
	_	No Yes. Fill in the details.					
		e title e number	Nature of the case	Court or agency		Status of th	e case
10.		n 1 year before you filed for bankrupto k all that apply and fill in the details below		rty repossessed, f	oreclosed, garn	ished, attached	d, seized, or levied?
	_ `	No Yes. Fill in the information below.					
	Cred	litor Name and Address	Describe the Property		Date	•	Value of the property
11.		n 90 days before you filed for bankrup			nancial institution	on, set off any	amounts from your
	= 1	unts or refuse to make a payment beca No Yes. Fill in the details.	ause you owed a debt?				
		litor Name and Address	Describe the action the	creditor took	Date take	e action was	Amount
12.	court	n 1 year before you filed for bankrupto -appointed receiver, a custodian, or a		rty in the possess	ion of an assigr	ee for the ben	efit of creditors, a
	_	No Yes					
Par	t 5:	List Certain Gifts and Contributions					
13.	= 1	n 2 years before you filed for bankrup	tcy, did you give any gifts	s with a total value	of more than \$6	600 per person	?
	Gifts	Yes. Fill in the details for each gift. s with a total value of more than \$600 person	Describe the gifts			es you gave gifts	Value
		on to Whom You Gave the Gift and ress:					

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Debtor 2 Dennis W. Walston
Debtor 2 Nieves B. Walston
Case number (if known)

Deb	otor 2 Nieves B. Walston		Case number (if known)									
14.	Within 2 years before you filed for bank	ruptcy, d	lid you give any gifts or contributio	ns with a tota	I value of more than	\$600 to any charity						
	No											
	Yes. Fill in the details for each gift or	contributi	on.									
	Gifts or contributions to charities that	total	Describe what you contributed		Dates you	Value						
	more than \$600				contributed							
	Charity's Name Address (Number, Street, City, State and ZIP Cod	le)										
		,										
Par	t 6: List Certain Losses											
	Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?											
	■ No											
	Yes. Fill in the details.											
		Docoril	a any incurance severage for the l	000	Data of your	Value of property						
	Describe the property you lost and how the loss occurred		be any insurance coverage for the l		Date of your loss	Value of property lost						
			the amount that insurance has paid. It insurance claims on line 33 of Scheot.									
_		,										
Par	t 7: List Certain Payments or Transfer	'S										
	 consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition No Yes. Fill in the details. 			ervices required	d in your bankruptcy.							
	Person Who Was Paid		Description and value of any prop	Date payment	Amount of							
	Address		transferred	or transfer was	payment							
	Email or website address Person Who Made the Payment, if Not	You			made							
	Springer Law Firm		\$600.00	12/8/2015	\$600.00							
	2222 E State St, Suite 107 Rockford, IL 61104		*******		0,_0.0	,						
	Within 1 year before you filed for bankrupromised to help you deal with your creed to not include any payment or transfer that the last of	ditors o	r to make payments to your creditor		or transfer any prope	rty to anyone who						
	Person Who Was Paid		Description and value of any prop	perty	Date payment	Amount of						
	Address		transferred		or transfer was made	payment						
	Within 2 years before you filed for bank transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have al No Yes. Fill in the details.	ur businers made a	ess or financial affairs? as security (such as the granting of a s		perty to anyone, othe							
			Barantuttan and 1		Data trans							
	Person Who Received Transfer Address	Description and value of property transferred	pe any property or Date transfer wants received or debts made exchange									
	Person's relationship to you											

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Debtor 1 **Dennis W. Walston**Debtor 2 **Nieves B. Walston**

Case number (if known)

19.	Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-proto		y property to	a self-settle	ed trust or similar device	e of which	you are a
	No No						
	Yes. Fill in the details. Name of trust	Description and v	alue of the pr	operty trans	sferred	Date Tra	ansfer was
De	w 9. List of Contain Financial Assessment Inst	wymenta Safa Danasit	Dovos and G	Stavana I Init	1 0	maac	
	rt 8: List of Certain Financial Accounts, Inst	-		_			
20.	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ	other financial accou	nts; certificate	es of deposi	•		, ,
	■ No □ Yes. Fill in the details.	ations, and other imal	iciai mattutio				
		Last 4 digits of account number	Type of acco	ount or	Date account was closed, sold, moved, or transferred		ast balance closing or transfer
21.	Do you now have, or did you have within 1 ye cash, or other valuables?	ear before you filed for	bankruptcy,	any safe de _l	posit box or other depo	sitory for s	securities,
	■ No □ Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, St State and ZIP Code)		Describe	the contents	Do yo	ou still it?
22.	Have you stored property in a storage unit or	place other than your	home within	1 year before	re you filed for bankrup	otcy	
	■ No			•		-	
	Yes. Fill in the details.						
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, St State and ZIP Code)		Describe	the contents	Do yo	ou still it?
Pa	rt 9: Identify Property You Hold or Control fo	•					
23.			ude any prope	erty you bor	rowed from, are storing	j for, or ho	ld in trust
	■ No						
	Yes. Fill in the details.						
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property		Value
Pa	rt 10: Give Details About Environmental Infor	rmation					
For	the purpose of Part 10, the following definition	ns apply:					
	Environmental law means any federal, state, toxic substances, wastes, or material into the regulations controlling the cleanup of these	e air, land, soil, surfac	e water, grour				
	Site means any location, facility, or property to own, operate, or utilize it, including dispos	as defined under any e		I law, wheth	ner you now own, opera	te, or utiliz	e it or used
	Hazardous material means anything an enviro		as a hazardou	ıs waste, ha	zardous substance, to	xic substar	nce,

Official Form 107

hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 **Dennis W. Walston**Debtor 2 **Nieves B. Walston**

Case number (if known)

24.	l. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?								
	■ No								
	Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)	Environmental law, if you know it	Date of notice					
25.	Have you notified any governmental unit of a	any release of hazardous material?							
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)	Environmental law, if you know it	Date of notice					
26.	Have you been a party in any judicial or adm	inistrative proceeding under any en	nvironmental law? Include settle	ements and orders.					
	■ No □ Yes. Fill in the details.								
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case					
Par	11: Give Details About Your Business or C	connections to Any Business							
27.	Within 4 years before you filed for bankrupto	y, did you own a business or have a	any of the following connection	s to any business?					
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time								
	☐ A member of a limited liability compa	any (LLC) or limited liability partners	ship (LLP)						
	☐ A partner in a partnership								
	☐ An officer, director, or managing executive of a corporation								
	☐ An owner of at least 5% of the voting or equity securities of a corporation								
	No. None of the above applies. Go to P	No. None of the above applies. Go to Part 12.							
	Yes. Check all that apply above and fill in the details below for each business.								
	Business Name	Describe the nature of the business		number					
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social S	ecurity number or ITIN.					
			Dates business existed						
28.	Within 2 years before you filed for bankrupto institutions, creditors, or other parties.	y, did you give a financial statemen	nt to anyone about your busines	s? Include all financial					
	■ No								
	Yes. Fill in the details below.								
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued							

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	is vv. vvaistori		
Debtor 2 Nieve	s B. Walston		Case number (if known)
Part 12: Sign Bo	elow		
are true and corre with a bankruptcy	ect. I understand that makin	g a false statement	nd any attachments, and I declare under penalty of perjury that the answers, concealing property, or obtaining money or property by fraud in connection prisonment for up to 20 years, or both.
/s/ Dennis W. W	Valston	/s/ Nie	eves B. Walston
Dennis W. Wals	ston	Nieve	s B. Walston
Signature of Deb	tor 1	Signat	ure of Debtor 2
Date February	11, 2016	Date	February 11, 2016
Did you attach ad	ditional pages to Your State	ement of Financial	Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
■ No			
☐ Yes			
Did you pay or ag	ree to pay someone who is	not an attorney to	nelp you fill out bankruptcy forms?
■ No		-	
☐ Yes Name of P	Person Attach the Rai	akruntov Petition Pre	narer's Notice Declaration and Signature (Official Form 119)

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Fill in this information to identify your case:								
Debtor 1	Dennis W. Walsto	on						
	First Name	Middle Name	Last Name					
Debtor 2	Nieves B. Walsto	n						
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS								
Case number _	Case number							
(if known)					Check if this is an			
					amended filing			

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below

dentify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C
Creditor's Ally Financial	Surrender the property.	■ No
name:	☐ Retain the property and redeem it.	_
Description of 2009 Cadillac CTS 52,000 miles	☐ Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property securing debt:	☐ Retain the property and [explain]:	
Creditor's Heights Finance Corp.	☐ Surrender the property.	□No
name:	☐ Retain the property and redeem it.	_
Description of 1998 Isuzu Trooper	Retain the property and enter into a Reaffirmation Agreement.	■ Yes
property securing debt: 2002 GMC Trailblazer	☐ Retain the property and [explain]:	

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

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B8 (For	m 8) (12/0	08)				Page 2
	r's name				□ No	
Description of leased Property:					☐ Yes	
	or's name				□ No	
Prope	ription of erty:	leased			☐ Yes	
	or's name				□ No	
Prope	ription of erty:	leased			☐ Yes	
	or's name				□ No	
Prope	ription of erty:	leased			☐ Yes	
	or's name				□ No	
Prope	ription of erty:	leased			☐ Yes	
	or's name				□ No	
Prope	ription of erty:	leased			☐ Yes	
	or's name				□ No	
Prope	ription of erty:	leased			☐ Yes	
Part 3	Sign	n Below				
		of perjury, I declare that I have in s subject to an unexpired lease.	ndicated my intention about a	ny property of my estate that	secures a debt and any pe	rsonal
-		nis W. Walston	X _/s.	/ Nieves B. Walston		
	Dennis W. Walston		·-·	ieves B. Walston		
	Signature	e of Debtor 1	Si	gnature of Debtor 2		
[Date	February 11, 2016	Date	February 11, 2016		

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations:

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee \$1.717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-80298 Doc 1 Filed 02/11/16 Entered 02/11/16 13:49:21 Desc Main Document Page 57 of 64

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

In	Dennis W. Walston Rieves B. Walston		Case No.		
	Micros B. Maisteri	Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPE			` ,	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation	ng of the petition in bankruptcy,	or agreed to be paid	to me, for services rend	ered or to
	For legal services, I have agreed to accept		\$	600.00	
	Prior to the filing of this statement I have received.		\$	600.00	
	Balance Due		\$	0.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed comp	pensation with any other person u	inless they are mem	pers and associates of m	ıy law firm.
	☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the national control of the same copy of the agreement.				firm. A
5.	In return for the above-disclosed fee, I have agreed to re	ender legal service for all aspects	of the bankruptcy c	ase, including:	
	 a. Analysis of the debtor's financial situation, and rendebtor. b. Preparation and filing of any petition, schedules, stated. c. Representation of the debtor at the meeting of credited. d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications agreements. 	tement of affairs and plan which ors and confirmation hearing, and reduce to market value; exe ons as needed; preparation	may be required; d any adjourned hea mption planning;	rings thereof;	ng of
6.	By agreement with the debtor(s), the above-disclosed fe Representation of the debtors in any dis- any other adversary proceeding.			es, relief from stay a	ctions or
		CERTIFICATION			
this	I certify that the foregoing is a complete statement of an bankruptcy proceeding.	y agreement or arrangement for p	payment to me for re	presentation of the debt	or(s) in
	February 11, 2016	/s/ Daniel A. Sprin			_
	Date	Daniel A. Springer Signature of Attorney Springer Law Firm 2222 E State St Suite 107 Rockford, IL 61106 815.312.4725 dspringerlaw@gm Name of law firm	1 1		

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Springer Law Firm

2222 East State St. # A-104A, Rockford, IL

815.312.4275

CHAPTER 7 RETAINER AGREEMENT

The undersigned agrees to hire Springer Law Firm to represent the undersigned in a Chapter 7 bankruptcy and agrees to the following terms and conditions:

- The attorney fees for the Chapter 7 bankruptcy are \$600. This is a flat fee arrangement, and does not
 include the court costs, which are currently \$335. This is the total of your attorney fees, and Springer Law
 Firm will not charge you for additional work. However, if you refuse to cooperate, or fail to provide
 information as requested by our attorney, your case may be closed.
- 2. Fees paid to the firm become property of the firm upon payment. If before the case is filed, you decide to close out your case, Springer Law Firm will refund you any fees not earned. I assign to Springer Law Firm any amount paid towards court costs and filing fees. I authorize Springer Law Firm to transfer said funds to the firm's operating account if I decide not to file for bankruptcy, or if I breach this contract.
- 3. I agree to disclose all pertinent information to Springer Law Firm, so that the firm can properly disclose all my assets, debts, and financial history to the court. I agree to keep the firm informed on any new assets or debts I may incur from this date forward. If I do not provide the proper information, or do not cooperate with Springer Law Firm, said firm may withdraw from representation, with permission of the court.
- 4. I understand that I may not be able to protect all of my property. The bankruptcy code does not provide exemptions for everything, and as such, some of my property may be taken by the Trustee and sold. Additionally, if my income is too high, or if my income is not offset enough by my expenses, I understand that the Trustee may dismiss my case, or require me to file a Chapter 13 instead of a Chapter 7.
- 5. I understand that not all of my debts may be discharged in a Chapter 7 bankruptcy. Student loans, educational debts, undisclosed debt, support/maintenance, fines, debts incurred by fraud, future association/condo HOA dues, certain tax debts, or debts found non-dischargeable by a Judge are among the debts not dischargeable.
- 6. I understand that this retainer agreement is for bankruptcy representation only. Springer Law Firm will not represent me in any other case or legal matter, unless agreed to in a separate retainer agreement.
- 7. I understand that before I transfer or sell any property, or incur any new debt, I will first notify Springer Law Firm and consult on the impact such action will have on my bankruptcy.
- 8. I understand that I must take 2 classes pertaining to financial management and credit counselling. Failure to take these courses will result in either my case NOT being filed, or if filed, possibly dismissed. If my case is dismissed, I understand that I will have to pay to have my case re-opened by Springer Law Firm.

9. I have received the 11 U.S.C. § 527(a) disclosures and have read them.

Dated: 25/00/6
Signature: Dennis World Ston
Print Name: Dennis World Ston

Attorney Signature:

Attorney Print:

Print Name: A 1010 S

Nalston

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United States Bankruptcy Court Northern District of Illinois

In re	Dennis W. Walston Nieves B. Walston		Case No.	
		Debtor(s)	Chapter	7
	VE	ERIFICATION OF CREDITOR MA	ATRIX	
		Number of C	Creditors: _	47
	The above-named Debtor(s) (our) knowledge.) hereby verifies that the list of credito	ors is true and	correct to the best of my
Date:	February 11, 2016	/s/ Dennis W. Walston Dennis W. Walston		
Date:	February 11, 2016	Signature of Debtor /s/ Nieves B. Walston		
Date:	1 051 441 7 11, 2010	Nieves B. Walston		
		Signature of Debtor		

Account Recovery Service Attn: Bankruptcy Dept. 5183 Harlem Rd Loves Park, IL 61111-3448

Ally Financial Attn: Bankruptcy Dept. PO Box 380901 Minneapolis, MN 55438-0901

AT&T PO Box 6416 Carol Stream, IL 60197

Baer Chiropractic 2585 North Mulford Road Rockford, IL 61114

Barclay's Bank Delaware Attn: Bankruptcy Dept. PO Box 8803 Wilmington, DE 19899

Capital One Bank USA NA Attn: Bankruptcy Dept. PO Box 30281 Salt Lake City, UT 84130

Children's Place/CBNA PO Box 6497 Sioux Falls, SD 57117

Comcast Attn: Bankruptcy Dept. PO Box 3005 Southeastern, PA 19398

Convergent Healthcare Inc. Attn: Bankruptcy Dept. 121 NE Jefferson St. Suite 100 Peoria, IL 61602

Cornerstone Clinic 9721 N. Alpine Road Machesney Park, IL 61115 Credit One Bank NA Attn: Bankruptcy Dept. PO Box 98872 Las Vegas, NV 89193

Creditors Protection Service Attn: Bankruptcy Dept. PO Box 4115 Rockford, IL 61101

Dr. Leonards PO Box 2845 Monroe, WI 53566

Equifax PO Box 740256 Atlanta, GA 30374

Experian PO Box 4500 Allen, TX 75013

Fingerhut/Webbank 6250 Ridgewood Rd Saint Cloud, MN 56303

First Premier Bank Attn: Bankruptcy Dept. 3820 N Louise Ave Sioux Falls, SD 57107

Gettington 6250 Ridgewood Road Saint Cloud, MN 56303

Great American Financial 20 North Wacker Drive #2275 Chicago, IL 60606

Harry Darland MD 2350 N. Rockton Avenue #209 Rockford, IL 61103 Heights Finance Corp. PO Box 9520 Peoria, IL 61612

IC Systems Collections Attn: Bankruptcy Dept. PO Box 64378 Saint Paul, MN 55164

Jefferson Capital Systems Attn: Bankruptcy Dept. 16 Mcleland Rd Saint Cloud, MN 56303

Kay Jewelers Attn: Bankruptcy Dept. 375 Ghent Rd Akron, OH 44333

Keith B. Potetti DC
6085 Strathmoor Drive #1c
Rockford, IL 61107

Keynote Consulting 220 West Campus Drive #102 Arlington Heights, IL 60004

LVNV Funding Attn: Bankruptcy Dept. PO Box 10497 Greenville, SC 29603

Metabank PO Box 520 Sioux Falls, SD 57108

Mid America B&T Genesis PO Box 4499 Beaverton, OR 97076

Midland Funding, LLC Attn: Bankruptcy Dept. 2365 Northside Drive, Suite 300 San Diego, CA 92108 Midnight Velvet 1112 7th Avenue Monroe, WI 53566

Mutual Management Services Co., LLC 7177 Crimson Ridge Dr., Suite 10 PO Box 8740 Rockford, IL 61126-6235

OSF St. Anthony Med Center Attn: Bankruptcy Dept. 5510 East State St. Rockford, IL 61108-2381

Personal Finance 19065 Hickory Creek Drive, Suite 30 Mokena, IL 60448

Renovo Endodontic Studio 1750 N. Randall Road #150 Elgin, IL 60124

Rock Valley Anesthesiologists 6067 Strathmoor Drive #2 Rockford, IL 61107

Rockford Gastroenterology Associate Attn: Bankruptcy Dept. 401 Roxbury Rd. Rockford, IL 61107-6075

Rockford Mercantile Agency Attn: Bankruptcy Dept. 2502 S Alpine Rd Rockford, IL 61108

Seventh Avenue Attn: Bankruptcy Dept. 1112 7th Avenue Monroe, WI 53566-1364

Springleaf Financial Attn: Bankruptcy Dept. 5451 East State Street Rockford, IL 61108 Stellar Recovery, Inc. Attn: Bankruptcy Dept. 1327 Highway 2 W, Suite 100 Kalispell, MT 59901

Swedish American Health System Attn: Bankruptcy Dept. 1401 East State Street Rockford, IL 61104

SYNCB/Care Credit Attn: Bankruptcy Dept PO BOX 960061 Orlando, FL 32896

SYNCB/JC Penney Attn: Bankruptcy Dept. PO Box 965007 Orlando, FL 32896

SYNCB/Wal-Mart Attn: Bankruptcy Dept. PO Box 965024 Orlando, FL 32896

TransUnion 555 West Adams Street Chicago, IL 60661

World Finance Company PO Box 6429 Greenville, SC 29606